FORM D

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UNITED STATES
ECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

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## FORM D

# NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. **SECTION 4(6). AND/OR** UNIFORM LIMITED OFFERING EXEMPTION

SEC US	E ONLY
Prefix	Serial
	1
DATE R	ECEIVED
1	ļ.

Name of Offering ( check if this is an amendment and name has changed, and indicate change.)	
Shiner International, Inc.	
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section	on 4(6) ULOE
Type of Filing: New Filing  Amendment	LES HEDEINER
THE RESIDENCE OF THE PARTY OF T	
Enter the information requested about the issuer	
Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)	
Shiner International, Inc.	
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Inclinding Area Code)
19/F, Didu Building, Pearl River Plaza, Haikou, Hainan Province,	86-898-68581104
No. 2 North Longkun Road China 570125	
Address of Principal Business Operations (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
(if different from Executive Offices)	PROCESSED
Brief Description of Business	PNUCESSED
Manufacturer and marketer of technology driven advanced packaging fi	Im products. 🗁 🚗 🐧 ann
<u> </u>	OCT 1 1 2007
	THOMSON
Type of Business Organization	other (please specify) INANCIAL
	Content (presses speeday).
	Actual Estimated
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Sevice abbreviation for Sta	ite:
CN for Canada; FN for other foreign jurisdiction)	NV

### **GENERAL INSTRUCTIONS**

#### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

#### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

- ATTENTION -Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

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2. Enter the information requ				Euro voorge				
Each promotor of the is					00/2 or m	ore of a cla	ss of ear	uity securities of the
<ul> <li>Each beneficial owner issuer;</li> </ul>								
Each executive officer			of corporate ge	neral and managing p	artners o	of partnersh	iip issue	rs; and
Each general and mana	iging partner of par		···					
Check Box(es) that Apply: [	Promoter	Beneficial O	wner [	Executive Officer	$\boxtimes$	Director	U	General Partner
Full Name (Last name first, if	individual)							
Ying, Yuet								
Business or Residence Addres	•	d Street, City, State						
19/F, Didu Building, Pe	arl River Plaza	a, No. 2 North l	Longkun R	oad, Haikou, Ha	inan P	rovince,	China	
Check Box(es) that Apply:	Promoter	Beneficial C	)wner 🔯	Executive Officer		Director		Sole member of General Partner
Full Name (Last name first, if	individual)							
Fu, Jian	Oliumbar	and Street, City, St	tota Zin Code)				_	
Business or Residence Addres					inan P	rovince.	China	570125
19/F, Didu Building, Pe						Director		General and/or
Check Box(es) that Apply:	Promoter	Beneficial C	)wner 🔼	Executive Officer		Director		Managing Partner
Full Name (Last name first, if	individual)							
Xu, Xuezhu								
Business or Residence Addres		nd Street, City, State						
19/F, Didu Building, Po	arl River Plaz	a, No. 2 North	Longkun R	oad, Haikou, Ha	inan P	rovince,	China	
Check Box(es) that Apply:	Promoter	Beneficial (	Owner 🛛	Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, if	individual)						,	
Li, MingBiao								J.,
Business or Residence Addres		nd Street, City, Stat						
19/F, Didu Building, Po	earl River Plaz	a, No. 2 North	Longkun R	oad, Haikou, Ha	inan P	rovince,	China	
Check Box(es) that Apply:	Promoter	Beneficial (	Owner	Executive Officer		Director		General and/or
Full Name (Last name first, if	individual)				<u> </u>	<del> </del>		
							-	
Business or Residence Addre	ss (Number a	nd Street, City, Stat	te, Zip Code)					
Check Box(es) that Apply:	Promoter	Beneficial (	Owner [	Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, i	f individual)							
Business or Residence Addre	ss (Number a	nd Street, City, Stat	te, Zip Code)			<del>.</del>		
		——————————————————————————————————————	<del>-</del> -	) F		Director		General and/or
Check Box(es) that Apply:	Promoter	Beneficial (	Owner [_	Executive Officer	<u></u> □	Director		Managing Partner
Full Name (Last name first, i	f individual)							
Business or Residence Addre	ss (Number a	and Street, City, Sta	te, Zip Code)					
						<del></del>		

是 120 11 11 11 11 11 11 11 11 11 11 11 11 11	<b>一种的意思的一个</b> 对	B. INFORMA	TION ABOU	UT OFFE	RING			THE SECTION	Ves No
1 Tradition	l, or does the issuer int	and to gall to man age	andited invest	are in this	offering?				Yes № □ ⊠
1. Has the issuer solo		end to sen, to non-acc r also in Appendix, C				***************			
a was a last a status	Answe ium investment that wi								\$ 30,000
2. What is the minin	ium investment that wi	ii be accepted from ar	iy murviduai:	*************		****************			Yes No
3. Does the offering	permit joint ownership	of a single unit?				************			oxtimes
4. Enter the informa	tion requested for each	person who has been	or will be pa	id or give	n, directly	or indirectly	y, any comi	nission or	
similar remunerat	ion for solicitation of r	urchasers in connecti	on with sales	of securiti	es in the of	fering. If a	person to b	e listed is	
an associated per	son or agent of a brok If more than five (5) p	er or dealer registere	d with the SI	EC and/or	with a stat	e or states, · or dealer	list the na	me of the	
	at broker or dealer only		associated pe	130113 01 31	icii a bioke	or dealer,	you may so	t total alo	
Full Name (Last Name		· · · · · · · · · · · · · · · · · · ·						· · ·	-
Maxim Group L									
•		<u> </u>	<del></del>						
Business or Residence				1 1015	4				
405 Lexington A	venue, 2"4 Floor	New York	, New Yor	'K 1017	4				
Name of Associated Bro	ker or Dealer		·	<u></u>					
States in Which Person	1:	formula to Cattlete D	-abases		·	<del> </del>			
									All States
·	or check individual St	CAX [ CO ]							[ ID ]
	[AZ] [AR]			[MD]	[MA]	[Mi]			[ MO ]
	[IA] [KS]		[NY X]		[ND]	[OH ]	[OK]	[OR]	[ PA ]
. , , ,	[NV] [NH]			[VA]	[WA]	[ WV ]	[ WI ]	[WY]	[ PR ]
* * * * * * * * * * * * * * * * * * * *		[TX] [UT]	[ 41 ]	[ 77. ]	[ " ]	£ '' ' J		[ ]	
Full Name (Last Name									
Four Tong Inves									
Business or Residence	Address (Number and	Street, City, State, Zip	Code)	_					
1603 Kinwick Co	entre – 32 Hollyv	vood Road, Cer	ıtral, Hon	g Kong	;				
Name of Associated Br	oker or Dealer								
		7							
States in Which Person									☐ All States
•	or check individual St						[ GA ]	[ HI ]	
[AL] [AK]	[AZ] [AR]	[CA] [CO]	[CT]	[DE]	[DC]	[FL] [MI]	[ MN ]	[MS]	[ MO ]
	[IA] [KS]	[KY] [LA]	[ ME ]	[MD][ [NC]	MA ] [ND]	[ OH ]	[ OK ]	[ OR ]	[ PA ]
[MT] [NE]	[NV] [NH] [SD] [TN]	[ NM ] [ LM ] [ TX ] [ UT ]	[ YN ] [ VT ]	[ VA ]	[WA]	[ WV ]	[ WI ]	[WY]	[ PR ]
[ RI ] [ SC ]		(IX) [OI)	[ , , ]	( TAT	[ ,,,,,]				
Full Name (Last Name	iirst, ii individuai)								
					_				
Business or Residence	Address (Number and	Street, City, State, Zip	Code)						
Name of Associated Br	oker or Dealer		v v	·	<del></del>				
ratific of 7 (3500) and Di	oner or Douter								
States in Which Person	Listed Has Solicited of	r Intends to Solicit Pu	irchasers						
(Check "All States"	or check individual St								. All States
[ AL ] [ AK ]	[AZ] [AR]	[CA] [CO]		[ DE ]	[DC]	[ FL ]	[ GA ]	( HI )	[ ID ]
[IL] [N]	[IA] [KS]	[KY] [LA]		[ MD ]	[ MA ]	[ MI ]	[ MN ]	[ MS ]	[ MO ]
[MT] [NE]	[NV] [NH]	[ NJ ] [ NM ]		[NC]	[ ND ]	[ OH ]	[ OK ]	[OR]	[ PA ]
[RI] [SC]	[SD] [TN]	[TX] [UT]	[ VT ]	[ VA ]	[ WA ]	[ WV ]	[ WI ]	[ WY ]	[ PR ]

Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.					
Type of Security		Aggregate Offering Price	:	A	mount Already Sold
Debt	\$	0	<u></u>	\$	0
Equity				<b>S</b>	435,000
(Up to 3,500,000 units at a price of \$3.00 per unit with each unit consisting of one share of common stock and a warrant to purchase 15% of one share of common stock at an exercise price of \$6.00 per share)					
☐ Common ☐ Preferred	•	Δ		c	0
Convertible Securities (including warrants)			—	<u>\$</u> -	
Partnership Interests				\$_	0
Other (Specify)			_	<b>\$</b> _	0
Total	\$	10,500,000		\$_	435,000
Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		Number Investors			Aggregate Dollar Amoun of Purchases
Accredited Investors	•	5	<del></del>	\$_	435,000
Non-accredited Investors		0		\$_	0
Total (for filings under Rule 504 only)		N/A		\$_	N/A
Answer also in Appendix, Column 4, if filing under ULOE.					
. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.		Type of			Dollar Amou
Type of offering		Security			Sold
Rule 505		N/A		\$_	N/A
Regulation A		N/A		\$_	N/A
Rule 504	•	N/A		\$_	N/A
Total	i	N/A		\$_	N/A
a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.					
Transfer Agent's Fees		• • • • • • • • • • • • • • • • • • • •		\$	N/A
Printing and Engraving Costs				\$	N/A
Legal Fees			$\boxtimes$	\$	25,000
Accounting Fees			$\boxtimes$	\$	1,000
Engineering Fees				\$	N/A
Sales Commissions (specify finders' fees separately)			$\boxtimes$	\$	600,000
Other Expenses (identify) Finder's Fee			$\boxtimes$	\$	240,000
Total			$\boxtimes$	\$	866,000

b. Enter the difference between the aggrega Question I and total expenses furnished in responsable to the issuer."	onse to Part C - Question 4.a. This difference	is th	he		5	9,634,000
Indicate below the amount of the adjusted gross for each of the purposes shown. If the amount for check the box to the left of the estimate. The tagross proceeds to the issuer set forth in response	or any purpose is not known; furnish an estima total of the payments listed must equal the ad	te ar	ıd			
				Payments to Officers, Directors, & Affiliates*		Payments To Others
						\$
						s
	machinery and equipment					4,600,000
Construction or leasing of plant buildings and	d facilities		<b>s</b> _	·		s
Acquisition of other businesses (including the that may be used in exchange for the assets of merger)	e value of securities involved in this offering or securities of another issuer pursuant to a		\$		⊠:	\$ 2, <u>66</u> 0,000
Repayment of indebtedness					•	<u> </u>
						\$ 2,374,000
						s
						<b>S</b>
Column Totals	ीर्क् अभिनेत्रकारी अस्ति केट कर वि <b>वेशना</b> कः		<b>s</b> –	<del></del>	🛛 :	\$ 9,634,000
Total Payments Listed (column totals added)	Sport of an interpretation		_	<b>⊠ \$</b> 9,63	- 4,000	
2 T 200 S 5 3 2 2 2 2 2 4 2 4 2 4 2 4 2 4 2 4 2 4 2	:			al to a succession also the	5.5917 + +	
te issuer has duly caused this notice to be signed thature constitutes an undertaking by the issuer of formation furnished by the issuer to any non-accre	to furnish to the U.S. Securities and Exchang	e C	omm	ission, upon writ		
uer (Print or Type)	Signature	2_		Date		
hiner International, Inc.	Dig of			1/24	th	(20, )00
me of Signer (Print or Type)	Title of Signer (Print or Type)					
Yuet Ying	Chairman of the Board					•

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

				<u> </u>	
1.		E. STATE SIGNATURE	CONTRACTOR OF THE PROPERTY OF		医心部
1.	Is any party described in 17 CFR 230.262 pro	esently subject to any of the disqualification provisions	of such rule?	Yes	No ⊠
		See Appendix, Column, for state response.			,
2.	The undersigned issuer hereby undertakes to (17 CFR 239.500) at such times as required by	o furnish to any state administrator of any state in whoy law.	hich this notice is filed, a notice	e on F	orm D
3.	The undersigned issuer hereby undertakes to offerees.	o furnish to the state administrators, upon written rec	quest, information furnished by	the iss	uer to
4.		issuer is familiar with the conditions that must be sa which this notice is filed and understands that the issuditions have been satisfied.			
	issuer has read this notification and knows the authorized person.	e contents to be true and has duly caused this notice t	to be signed on its behalf by th	e under	signed
	r (Print or Type) iner International, Inc.	Signature	Date 12th Sor	. 7	ററി
Nam	e (Print or Type)	Title (Print or Typy)			

Chairman of the Board

END

Instruction:

Yuet Ying

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.